

P12000015389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

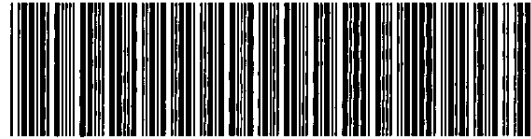
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 FEB 15 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 15 2012

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Ellenton Terra Corporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Mark Sharff  
Name (Printed or typed)

1527 Peregrine Point Dr  
Address

Sarasota FL 34231  
City, State & Zip

941 374 1107  
Daytime Telephone number

msharff@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Ellenton Terra Corporation*

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

*1527 Peregrine Point Dr*

*Sarasota FL 34231*

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Real estate holding*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100 Shares*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

*Mark Sharff*

Address:

*1527 Peregrine Point Dr*

*Sarasota FL 34231*

Name and Title:

*Margaret H. Sharff Sec Treasurer*

Address:

*1527 Peregrine Point Dr*

*Sarasota FL 34231*

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

*Mark Sharff*

Address:

*1527 Peregrine Point Dr*

*Sarasota FL 34231*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

*Mark Sharff*

Address:

*1527 Peregrine Point Dr*

*Sarasota FL 34231*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA

*2.14.2012*

*2.14.2012*